

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

PRE-PAS SCREENING TOOL
AGES 7 MONTHS THROUGH 2 YEARS

NAME (Last, First, M.I.)	BIRTHDATE
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Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will the responsible person or the family be using any ALTCS services (<i>i.e., therapy, respite, etc.</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the child a U.S. citizen or a lawful permanent resident? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the individual appear financially eligible for ALTCS (< \$2,000 in assets, < 300% of SSI income)? |

IF EITHER QUESTION ABOVE IS ANSWERED "NO", STOP HERE AND DO NOT REFER TO ALTCS.

DIAGNOSED CONDITIONS/TREATMENTS (*Mark all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Immune Deficiency
<input type="checkbox"/> Respiratory Conditions Requiring Assisted Devices or Invasive Treatments (<i>other than oxygen, SVN, medications</i>)
<input type="checkbox"/> Growth Failure/Assisted Feedings
<input type="checkbox"/> Short Gut/Malabsorption Syndrome
<input type="checkbox"/> Chromosomal Abnormalities/Syndromes | <input type="checkbox"/> Congenital Syndromes
<input type="checkbox"/> Musculoskeletal Abnormalities
<input type="checkbox"/> Absent Limbs
<input type="checkbox"/> Arthrogryposis
<input type="checkbox"/> Central Nervous System/Neurological Conditions
<input type="checkbox"/> Structural (<i>Hydrocephaly, Spina Bifida, Microcephaly</i>)
<input type="checkbox"/> Traumatic (<i>Significant/Severe</i>)
<input type="checkbox"/> Developmental (<i>Moderate/Significant</i>)
<input type="checkbox"/> Global Developmental Delays |
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IF ANY OF THE ABOVE CONDITIONS/TREATMENTS CURRENTLY EXIST, REFER TO ALTCS.

SIGNATURE OF THE PERSON COMPLETING THIS FORM	DATE
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COMMENTS

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), *Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975*, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.